

## INVOICE

RECEIVED  
ACCOUNTING

Remit to:

LA County Sheriff's Department  
P.O. Box 512816  
Los Angeles CA 90051-08162021 SEP 22 AM 11:25  
CITY OF CARSON

Bill to:

CITY OF CARSON  
ATTN: ACCOUNTS PAYABLE  
701 E CARSON ST  
First Supervisorial District  
CARSON CA 90745

|                                 |                |                 |
|---------------------------------|----------------|-----------------|
| Customer Name<br>CITY OF CARSON |                |                 |
| Customer Number                 | Invoice Number | Invoice Date    |
| 508690                          | 212778AL       | 06-28-21        |
|                                 | ARDept/BPRO    | Due Date        |
|                                 | SH:CCLE        | 08-27-21        |
|                                 | Tax ID         | Revenue Source  |
|                                 | 95-6000927     | 9317            |
|                                 | Amount Due     | Amount Enclosed |
|                                 | \$1,878.32     |                 |

Payment Method: Check ☐ Money Order ☐Please write Invoice No on front of  
check or Money Order. DO NOT MAIL CASH☐ Please check if address has changed. Write correct  
address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to LA County Sheriff's Department

Sheriff  
ORIGINAL

| Service From | Service To | Unit  | Unit Name                      | Customer Number | Invoice Number | Invoice Date |
|--------------|------------|-------|--------------------------------|-----------------|----------------|--------------|
| 04-01-21     | 04-30-21   | 75766 | Carson Station-Contract Cities | 508690          | 212778AL       | 06-28-21     |

| Invoice Charges |              |                            |                                    |      |     |                      |            |                |
|-----------------|--------------|----------------------------|------------------------------------|------|-----|----------------------|------------|----------------|
| Ref Line No.    | Service Code | Service                    | Description                        | Liab | Ins | Actual Service Units | Unit Price | Charges/Credit |
| 1               | 337          | Helicopter Svc - Hrly (CC) | HELICOPTER SERVICE FOR APRIL 2021. |      |     |                      |            | \$1,692.18     |
| 2               |              |                            | 11% LIABILITY INSURANCE            |      |     |                      |            | \$186.14       |
| Subtotal        |              |                            |                                    |      |     |                      |            | \$1,878.32     |

| Other Charges       |  | Charges |
|---------------------|--|---------|
| Description         |  |         |
| TOTAL OTHER Charges |  |         |

|                              |            |
|------------------------------|------------|
| Credit Payments Applied      | \$0.00     |
| Total Amount Due By 08-27-21 | \$1,878.32 |

Please include your invoice number on all payments. MAKE CHECK PAYABLE  
TO: LOS ANGELES COUNTY SHERIFF'S DEPARTMENT P.O. Box 512816, Los  
Angeles, CA 90051-0816. Direct Inquiries to: 211 W. Temple St., 6th floor  
Los Angeles, CA 90012 (213) 229-3324

CURRENT ACCOUNT

Contact: Alice Liu yalu@lasd.orgTel. No.: 213-229-3348Date: 09/20/21